



Course Override Form

Student Name _____ Date _____

Desired Course Name _____

Course Prerequisite(s) with grade earned in each:

I have consulted with my child's current teacher in this subject area.

I understand the following:

- My child's current teacher has not recommended this course for my child at this time.
- My son/daughter may drop the course following the procedure outlined in the Course Planning Guide. However, the drop may result in a grade of "WF" as the final grade.
- My child may not be able to change to a lower level course.
- Should a dropped course result in excessive study halls, my child will have to add a new course as soon as his/her schedule permits.

Parent/Guardian's signature _____

Parent Cell # _____ Parent Email _____

Student's signature _____ Student Cell # _____

Current teacher's signature _____